

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/581748	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2	/		/				52		
3		2		/			53		
4		2		/			54		
5	/		/				55		
6		/		/			56		
7		/		/			57		
8		/		/			58		
9		/		/			59		
10		2		/			60		
11		2		/			61		
12		2		/			62		
13	/		/				63		
14		/		/			64		
15		/		/			65		
16		/		/			66		
17		/		/			67		
18		/		/			68		
19		/		/			69		
20		/		/			70		
21	/		/				71		
22	/		/				72		
23	/		/				73		
24	/		/				74		
25	/		/				75		
26		/		/			76		
27		/		/			77		
28	/		/				78		
29	/		/				79		
30		/		/			80		
31		/		/			81		
32	/		/				82		
33	/		/				83		
34	/		/				84		
35	/		/				85		
36	/		/				86		
37	/		/				87		
38	/		/				88		
39	/		/				89		
40	/		/				90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	20		20				TOTAL IND.		
TOTAL DEP.	25		20				TOTAL DEP.		
TOTAL CLAIMS	45		40				TOTAL CLAIMS		